

**Home and Community Based Services:**  
**Elderly, Blind, and Disabled Waiver (EBD)**

**Rates Effective July 1, 2025-June 30, 2026**

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
 Department of Health Care  
 Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Adult Day Services, Outside Denver County									
Basic	S5100	U1				\$ 3.99	\$ 4.05	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$ 48.77	\$ 49.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			\$ 61.43	\$ 62.41	1/2 Day	
Adult Day Services, Denver County									
Basic	S5100	U1	HX			\$ 4.32	\$ 4.39	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	HX			\$ 52.73	\$ 53.57	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF	HX		\$ 65.39	\$ 66.44	1/2 Day	
Adult Day Service Transportation									
Taxi	A0100	U1	HB			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HB			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HB	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HB	HX		\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB	HX	\$ 35.23	\$ 35.79	1 Way Trip	



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Alternative Care Facility (ACF), Outside Denver County	T2031	U1				\$ 103.72	\$ 105.38	Day	
Alternative Care Facility (ACF), Denver County	T2031	U1				\$ 109.32	\$ 111.07	Day	
Consumer Direct Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U1				\$ 6.23	\$ 6.30	15 Minutes	Please see endnote
CDASS Personal Care	T2025	U1				\$ 6.23	\$ 6.82	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 9.51	\$ 9.57	15 Minutes	
Consumer Direct Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U1				\$ 6.55	\$ 6.65	15 Minutes	Please see endnote
CDASS Personal Care	T2025	U1				\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 9.61	\$ 9.67	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	Please see endnote
Palco- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Homemaker Services, Outside Denver County									
Homemaker	S5130	U1				\$ 7.01	\$ 6.60	15 minutes	Please see endnote
Homemaker Services, Denver County									
Homemaker	S5130	U1	HX			\$ 7.61	\$ 6.99	15 minutes	Please see endnote
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Services (IHSS), Outside Denver County									
IHSS Health Maintenance	H0038	U1				\$ 9.20	\$ 9.25	15 minutes	Please see endnote
IHSS Homemaker	S5130	U1	KX			\$ 6.60	\$ 6.60	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$ 6.60	\$ 7.07	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 6.60	\$ 7.07	15 minutes	Limited to 40 hours per week
In Home Support Services (IHSS), Denver County									



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IHSS Health Maintenance	H0038	U1	HX			\$ 9.48	\$ 9.54	15 minutes	<b>Please see endnote</b>
IHSS Homemaker	S5130	U1	KX	HX		\$ 7.22	\$ 6.99	15 minutes	
IHSS Personal Care	T1019	U1	KX	HX		\$ 7.22	\$ 7.38	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX	HX	\$ 7.22	\$ 7.38	15 minutes	Limited to 40 hours per week
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase <b>Please see endnote</b>
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
<b>Mobility Van, Outside Denver County</b>									
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 30.56	\$ 31.05	1 Way Trip	
<b>Mobility Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	HX			\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HX		\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HX		\$ 31.91	\$ 32.42	1 Way Trip	
<b>Wheelchair Van, Outside Denver County</b>									
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 33.73	\$ 34.27	1 Way Trip	
<b>Wheelchair Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	HX			\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HX		\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HX		\$ 35.23	\$ 35.79	1 Way Trip	
<b>Non-Medical Transportation, Public Transit</b>									



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RTD	A0110	U1	TT			\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	TT	HB		\$ 27.00	\$ 27.00	Monthly	
RTD	A0110	U1	TK			\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U1	TK	HB		\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	TF			\$ 2.70	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	TF	HB		\$ 2.70	\$ 2.70	Day Pass	
RTD	A0110	U1	TN			\$ 1.35	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U1	TN	HB		\$ 1.35	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U1	SE			\$ 4.50	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SE	HB		\$ 4.50	\$ 4.50	Single	
Access-A-Ride	A0110	U1	TG			\$ 27.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	TG	HB		\$ 27.00	\$ 27.00	6 Ride Book	
<b>Personal Care Services, Outside Denver County</b>									
Personal Care	T1019	U1				\$ 7.02	\$ 7.07	15 minutes	<b>Please see endnote</b>
Personal Care, Relative	T1019	U1	HR			\$ 6.60	\$ 7.07	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8,485.200)
<b>Personal Care Services, Denver County</b>									
Personal Care	T1019	U1	HX			\$ 7.61	\$ 7.38	15 minutes	<b>Please see endnote</b>
Personal Care, Relative	T1019	U1	HR	HX		\$ 7.22	\$ 7.38	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8,485.200)
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase <b>Please see endnote</b>
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Remote Supports Technology</b>									



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Remote Supports Service	0593T	U1				\$ 2.51	\$ 2.55	15 Minutes	35,040 units (96 units per day for 365 days) <b>Please see endnote</b>
Remote Supports Technology	A9279	U1				NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
Nursing Facility	H0045	U1				\$ 194.06	\$ 197.16	Day	
<b>Respite Care, Outside Denver County</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1				\$ 134.06	\$ 136.20	Day	
In-Home Respite	S5150	U1				\$ 7.27	\$ 7.39	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
<b>Respite Care, Denver County</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1	HX			\$ 141.78	\$ 144.05	Day	
In-Home Respite	S5150	U1	HX			\$ 7.59	\$ 7.71	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
<b>Wellness Education Benefit</b>									
Wellness Education Benefit	98960	U1				\$ 3.69	\$ 3.75	Month	12 Units Limit
<b>Community Transition Services</b>									
Coordinator	T2038	U1				\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment <b>Please see endnote</b>
Home Delivered Meals	S5170	U1				\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment <b>Please see endnote</b>



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Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	TF			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	TG			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	U1				\$ 13.08	\$ 13.29	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	U1				\$ 6.51	\$ 6.61	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U1				\$ 2,000.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. <b>Please see endnote</b>

Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)



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TK	Extra patient or passenger, Non-Ambulance								
TN	Outside providers' customary service area								
TT	Individualized service provided to more than one client in the same setting								
TU	Special Payment Rate (HCPCS Defn: Overtime)								
U1	Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								
Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.									
<a href="#">HCPF OM 25-026 Community First Choice (CFC)</a>									



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## Community Mental Health Supports (CMHS) Waiver

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Adult Day Services, Outside Denver County									
Basic	S5100	UA				\$ 3.99	\$ 4.05	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$ 48.77	\$ 49.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			\$ 61.43	\$ 62.41	1/2 Day	
Adult Day Services, Denver County									
Basic	S5100	UA	HX			\$ 4.32	\$ 4.39	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA	HX			\$ 52.73	\$ 53.57	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF	HX		\$ 65.39	\$ 66.44	1/2 Day	
Adult Day Services Transportation									
Taxi	A0100	UA	HB			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	UA	HB	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	UA	TT	HB	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	HB	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	UA	HB	HX		\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	UA	TT	HB	HX	\$ 25.98	\$ 26.40	1 Way Trip	





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Mileage Band 3 (over 20 miles)	A0130	UA	TN	HB	HX	\$ 35.23	\$ 35.79	1 Way Trip	
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				\$ 103.72	\$ 105.38	Day	May be different for clients with 300% income, use PETI for rate
Alternative Care Facility (ACF), Denver County	T2031	UA				\$ 109.32	\$ 111.07	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed Attendant Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	UA				\$ 6.23	\$ 6.30	15 Minutes	Please see endnote
CDASS Personal Care	T2025	UA				\$ 6.23	\$ 6.82	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 9.51	\$ 9.57	15 Minutes	
Consumer Directed Attendant Services (CDASS), Denver County									
CDASS Homemaker	T2025	UA				\$ 6.55	\$ 6.65	15 Minutes	Please see endnote
CDASS Personal Care	T2025	UA				\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 9.61	\$ 9.67	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	Please see endnote
Palco- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Homemaker Services, Outside Denver County									
Homemaker	S5130	UA				\$ 7.01	\$ 6.60	15 minutes	Please see endnote
Homemaker Services, Denver County									
Homemaker	S5130	UA	HX			\$ 7.61	\$ 6.99	15 minutes	Please see endnote
Home Modification	S5165	UA				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Medication Reminder									
Install/Purchase	T2029	UA				NR*	NR*	Purchase	1 unit = 1 purchase Please see endnote



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Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Mental Health Transitional Living Homes</b>									
Level 1	T2033	UA	HB			\$ 403.34	\$ 409.79	Day	
<b>Non Medical Transportation</b> All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
<b>Mobility Van, Outside Denver County</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT			\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 30.56	\$ 31.05	1 Way Trip	
<b>Mobility Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0120	UA	HX			\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	UA	TT	HX		\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	HX		\$ 31.91	\$ 32.42	1 Way Trip	
<b>Wheelchair Van, Outside Denver County</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT			\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 33.73	\$ 34.27	1 Way Trip	
<b>Wheelchair Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0130	UA	HX			\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	UA	TT	HX		\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	HX		\$ 35.23	\$ 35.79	1 Way Trip	
<b>Non-Medical Transportation, Public Transit</b>									
RTD	A0110	UA	TT			\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	UA	TT	HB		\$ 27.00	\$ 27.00	Monthly	
RTD	A0110	UA	TK			\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	UA	TK	HB		\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	



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RTD	A0110	UA	TF			\$ 2.70	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	UA	TF	HB		\$ 2.70	\$ 2.70	Day Pass	
RTD	A0110	UA	TN			\$ 1.35	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	UA	TN	HB		\$ 1.35	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	UA	SE			\$ 4.50	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	UA	SE	HB		\$ 4.50	\$ 4.50	Single	
Access-A-Ride	A0110	UA	TG			\$ 27.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	UA	TG	HB		\$ 27.00	\$ 27.00	6 Ride Book	
<b>Personal Care Services, Outside Denver County</b>									
Personal Care	T1019	UA				\$ 7.02	\$ 7.07	15 minutes	<b>Please see endnote</b>
Personal Care, Relative	T1019	UA	HR			\$ 6.60	\$ 7.07	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Personal Care Services, Denver County</b>									
Personal Care	T1019	UA	HX			\$ 7.61	\$ 7.38	15 minutes	<b>Please see endnote</b>
Personal Care, Relative	T1019	UA	HR	HX		\$ 7.22	\$ 7.38	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase <b>Please see endnote</b>
Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Remote Supports Technology</b>									
Remote Supports Service	0593T	UA				\$ 2.51	\$ 2.55	15 Minutes	35,040 units (96 units per day for 365 days) <b>Please see endnote</b>



# Home and Community Based Services:

## Community Mental Health Supports (CMHS) Waiver

Rates Effective July 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Remote Supports Technology	A9279	UA				NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Respite Care</b> Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
Nursing Facility	H0045	UA				\$ 194.06	\$ 197.16	Day	
<b>Respite Care, Outside Denver County</b> Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	UA				\$ 134.06	\$ 136.20	Day	
<b>Respite Care, Denver County</b> Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	UA	HX			\$ 141.78	\$ 144.05	Day	
<b>Wellness Education Benefit</b>									
Wellness Education Benefit	98960	UA				\$ 3.69	\$ 3.75	Month	12 Units Limit
<b>Community Transition Services</b>									
Coordinator	T2038	UA				\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment <b>Please see endnote</b>
Home Delivered Meals	S5170	UA				\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment <b>Please see endnote</b>
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	UA	TF			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	UA	TG			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days



# Home and Community Based Services:

## Community Mental Health Supports (CMHS) Waiver

Rates Effective July 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Life Skills Training	H2014	UA				\$ 13.08	\$ 13.29	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	UA				\$ 6.51	\$ 6.61	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	UA				\$ 2,000.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. <b>Please see endnote</b>

Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
UA	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

**Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.**

[HCPF OM 25-026 Community First Choice \(CFC\)](#)



# Home and Community Based Services:

## Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Adult Day Services	S5100	U6				\$ 7.59	\$ 7.71	15 Minutes	Maximum of 8 units or two (2) hours per day
Adult Day Services	S5102	U6				\$ 84.85	\$ 86.21	Day	At least 2 or more hours of attendance, 1 or more days per week
<b>Adult Day Services Transportation</b>									
Taxi	A0100	U6	HB			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
<b>Mobility Van, Outside Denver County</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		\$ 30.56	\$ 31.05	1 Way Trip	
<b>Mobility Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0120	U6	HB	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HB	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	HB	HX	\$ 31.91	\$ 32.42	1 Way Trip	
<b>Wheelchair Van, Outside Denver County</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		\$ 33.73	\$ 34.27	1 Way Trip	
<b>Wheelchair Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0130	U6	HB	HX		\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	HB	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U6	TN	HB	HX	\$ 35.23	\$ 35.79	1 Way Trip	
Assistive Devices	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$ 16.16	\$ 16.42	30 Minutes	
Day Treatment	H2018	U6				\$ 90.85	\$ 92.30	Day	
<b>Consumer Direct Attendant Supports and Services (CDASS), Outside Denver County</b>									
CDASS Homemaker	T2025	U6				\$ 6.23	\$ 6.30	15 minutes	Please see endnote
CDASS Personal Care	T2025	U6				\$ 6.23	\$ 6.82	15 Minutes	



# Home and Community Based Services:

## Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
CDASS Health Maintenance	T2025	U6				\$ 9.51	\$ 9.57	15 minutes	Please see endnote
Consumer Direct Attendant Supports and Services (CDASS), Denver County									
CDASS Homemaker	T2025	U6				\$ 6.55	\$ 6.65	15 minutes	Please see endnote
CDASS Personal Care	T2025	U6				\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$ 9.61	\$ 9.67	15 minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	Please see endnote
Palco- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Home Modification	S5165	U6				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$ 13.08	\$ 13.29	15 minutes	
Medication Reminder									
Install/Purchase	T2029	U6	SE			NR*	NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5185	U6				NR*	NR*	Month	1 unit = 1 month Please see endnote
Mental Health Counseling									
Individual	H0004	U6				\$ 28.00	\$ 28.45	15 minutes	
Family	H0004	U6	HR			\$ 28.00	\$ 28.45	15 minutes	
Group	H0004	U6	HQ			\$ 16.52	\$ 16.78	15 minutes	
Non Medical Transportation									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	U6				\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U6	HX			\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HX		\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	HX		\$ 31.91	\$ 32.42	1 Way Trip	





# Home and Community Based Services:

## Brain Injury (BI) Waiver

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**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
<b>Wheelchair Van, Outside Denver County</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6				\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$ 33.73	\$ 34.27	1 Way Trip	
<b>Wheelchair Van, Denver County</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6	HX			\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HX		\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HX		\$ 35.23	\$ 35.79	1 Way Trip	
<b>Non-Medical Transportation, Public Transit</b>									
RTD	A0110	U6	TT			\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U6	TT	HB		\$ 27.00	\$ 27.00	Monthly	
RTD	A0110	U6	TK			\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U6	TK	HB		\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U6	TF			\$ 2.70	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U6	TF	HB		\$ 2.70	\$ 2.70	Day Pass	
RTD	A0110	U6	TN			\$ 1.35	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U6	TN	HB		\$ 1.35	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U6	SE			\$ 4.50	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U6	SE	HB		\$ 4.50	\$ 4.50	Single	
Access-A-Ride	A0110	U6	TG			\$ 27.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U6	TG	HB		\$ 27.00	\$ 27.00	6 Ride Book	
<b>Personal Care Services, Outside Denver County</b>									
Personal Care	T1019	U6				\$ 7.02	\$ 7.07	15 minutes	Please see endnote
Personal Care, Relative	T1019	U6	HR			\$ 6.60	\$ 7.07	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
<b>Personal Care Services, Denver County</b>									





# Home and Community Based Services:

## Brain Injury (BI) Waiver

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Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Personal Care	T1019	U6	HX			\$ 7.61	\$ 7.38	15 minutes	Please see endnote
Personal Care, Relative	T1019	U6	HR	HX		\$ 7.22	\$ 7.38	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5161	U6				NR*	NR*	Month	1 unit = 1 month Please see endnote
<b>Remote Supports Technology</b>									
Remote Supports Service	0593T	U6				\$ 2.51	\$ 2.55	15 Minutes	35,040 units (96 units per day for 365 days) Please see endnote
Remote Supports Technology	A9279	U6				NR*	NR*	Month	1 unit = 1 month Please see endnote
<b>Respite Care</b>									
Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
Nursing Facility	H0045	U6				\$ 194.06	\$ 197.16	Day	
<b>Respite Care, Outside Denver County</b>									
Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite	S5150	U6				\$ 7.27	\$ 7.39	15 minutes	Not to exceed 8 hours per day
<b>Respite Care, Denver County</b>									
Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite , Denver County	S5150	U6	HX			\$ 7.59	\$ 7.71	15 minutes	Not to exceed 8 hours per day
<b>Substance Abuse Counseling</b>									
Family	T1006	U6	HR	HF		\$ 66.82	\$ 67.89	Hour	
Individual	H0047	U6	HF			\$ 66.82	\$ 67.89	Hour	
Group	H0047	U6	HQ	HF		\$ 37.44	\$ 38.04	Hour	
<b>Transitional Living Program</b>									
Transitional Living Program, Outside Denver County	T2016	U6				\$ 750.01	\$ 762.01	1 Day	



# Home and Community Based Services:

## Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

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**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Transitional Living Program, Denver County	T2016	U6	HX			\$ 762.07	\$ 774.26	1 Day	
<b>Wellness Education Benefit</b>									
Wellness Education Benefit	98960	U6				\$ 3.69	\$ 3.75	Month	12 Units Limit
<b>Community Transition Services</b>									
Coordinator	T2038	U6				\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment <b>Please see endnote</b>
Home Delivered Meals	S5170	U6				\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment <b>Please see endnote</b>
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U6	TF			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U6	TG			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Peer Mentorship	H2015	U6				\$ 6.51	\$ 6.61	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U6				\$ 2,000.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. <b>Please see endnote</b>
<b>Supported Living Program, Outside Denver County</b>									
Tier 1	T2033	U6				\$ 237.25	\$ 241.05	1 Day	
Tier 2	T2033	U6	HB			\$ 277.39	\$ 281.83	1 Day	
Tier 3	T2033	U6	HE			\$ 309.08	\$ 314.03	1 Day	
Tier 4	T2033	U6	HK			\$ 370.29	\$ 376.21	1 Day	
Tier 5	T2033	U6	HB	HE		\$ 407.77	\$ 414.29	1 Day	
Tier 6	T2033	U6	HB	HK		\$ 453.04	\$ 460.29	1 Day	



# Home and Community Based Services:

## Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Tier 7	T2033	U6	HB	HK	SC	NR*	NR*	1 Day	
<b>Supported Living Program, Denver County</b>									
Tier 1	T2033	U6				\$ 241.71	\$ 245.58	1 Day	
Tier 2	T2033	U6	HB			\$ 283.96	\$ 288.50	1 Day	
Tier 3	T2033	U6	HE			\$ 316.98	\$ 322.05	1 Day	
Tier 4	T2033	U6	HK			\$ 380.92	\$ 387.01	1 Day	
Tier 5	T2033	U6	HB	HE		\$ 420.18	\$ 426.90	1 Day	
Tier 6	T2033	U6	HB	HK		\$ 467.89	\$ 475.38	1 Day	
Tier 7	T2033	U6	HB	HK	SC	NR*	NR*	1 Day	

Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)
<p><b>Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.</b></p>	
<p><a href="#">HCPS OM 25-026 Community First Choice (CFC)</a></p>	



**Home and Community Based Services:**  
**Complementary and Integrative Health (CIH) Waiver**  
**Rates Effective July 1, 2025-June 30, 2026**



**COLORADO**  
 Department of Health Care  
 Policy & Financing

Version: 1.1 Issue Date: 06/25/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Adult Day Services, Outside Denver County									
Maximum 520 units									
Basic	S5100	U1	SC			\$ 3.99	\$ 4.05	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC			\$ 48.77	\$ 49.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		\$ 61.43	\$ 62.41	1/2 Day	
Adult Day Services, Denver County									
Maximum 520 units									
Basic	S5100	U1	SC	HX		\$ 4.32	\$ 4.39	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC	HX		\$ 52.73	\$ 53.57	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF	HX	\$ 65.39	\$ 66.44	1/2 Day	
Adult Day Program Transportation									
Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB	HX	\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB	HX	\$ 13.98	\$ 14.20	1 Way Trip	



# Home and Community Based Services:

## Complementary and Integrative Health (CIH) Waiver

Rates Effective July 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 06/25/2025



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU	HX	\$ 35.23	\$ 35.79	1 Way Trip	
Complementary and Integrative Health Services									
Acupuncture	97810	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	Combined maximum of 408 units.
Acupuncture	97811	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	
Acupuncture	97813	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	
Acupuncture	97814	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	
Chiropractic	98942	U1	SC			\$ 26.10	\$ 26.52	15 Minutes	
Massage	97124	U1	SC			\$ 20.98	\$ 21.32	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U1	SC			\$ 6.23	\$ 6.30	15 Minutes	Please see Endnote
CDASS Personal Care	T2025	U1	SC			\$ 6.23	\$ 6.82	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 9.51	\$ 9.57	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U1	SC			\$ 6.55	\$ 6.65	15 Minutes	Please see Endnote
CDASS Personal Care	T2025	U1	SC			\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 9.61	\$ 9.67	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	Please see Endnote
Palco- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	
Homemaker Services, Outside Denver Services									
Homemaker	S5130	U1	SC			\$ 7.01	\$ 6.60	15 Minutes	Please see Endnote
Homemaker Services, Denver Services									
Homemaker	S5130	U1	SC	HX		\$ 7.61	\$ 6.99	15 Minutes	Please see Endnote
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Services (IHSS), Outside Denver County									
IHSS Health Maintenance	H0038	U1	SC			\$ 9.20	\$ 9.25	15 Minutes	Please see Endnote
IHSS Homemaker	S5130	U1	SC	KX		\$ 6.60	\$ 6.60	15 Minutes	



**Home and Community Based Services:**  
**Complementary and Integrative Health (CIH) Waiver**  
**Rates Effective July 1, 2025-June 30, 2026**



**COLORADO**  
 Department of Health Care  
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Version: 1.1 Issue Date: 06/25/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
IHSS Personal Care	T1019	U1	SC	KX		\$ 6.60	\$ 7.07	15 Minutes	<b>Please see Endnote</b>
IHSS Relative Personal Care	T1019	U1	SC	TF		\$ 6.60	\$ 7.07	15 Minutes	Limited to 40 hours per week
<b>In-Home Support Services (IHSS), Denver County</b>									
IHSS Health Maintenance	H0038	U1	SC	HX		\$ 9.48	\$ 9.54	15 Minutes	<b>Please see Endnote</b>
IHSS Homemaker	S5130	U1	SC	KX	HX	\$ 7.22	\$ 6.99	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX	HX	\$ 7.22	\$ 7.38	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	TF	HX	\$ 7.22	\$ 7.38	15 Minutes	Limited to 40 hours per week
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase <b>Please see Endnote</b>
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month <b>Please see Endnote</b>
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
<b>Mobility Van, Outside Denver County</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$ 30.56	\$ 31.05	1 Way Trip	
<b>Mobility Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HX	\$ 31.91	\$ 32.42	1 Way Trip	
<b>Wheelchair Van, Outside Denver County</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$ 33.73	\$ 34.27	1 Way Trip	
<b>Wheelchair Van, Denver County</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HX		\$ 13.98	\$ 14.20	1 Way Trip	



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HX	\$ 35.23	\$ 35.79	1 Way Trip	
<b>Non-Medical Transportation, Public Transit</b>									
RTD	A0110	U1	SC	TT		\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	SC	TT	HB	\$ 27.00	\$ 27.00	Monthly	
RTD	A0110	U1	SC	TK		\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U1	SC	TK	HB	\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	SC	TF		\$ 2.70	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	SC	TF	HB	\$ 2.70	\$ 2.70	Day Pass	
RTD	A0110	U1	SC	TN		\$ 1.35	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U1	SC	TN	HB	\$ 1.35	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U1	SC	SE		\$ 4.50	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SC	SE	HB	\$ 4.50	\$ 4.50	Single	
Access-A-Ride	A0110	U1	SC	TG		\$ 27.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	SC	TG	HB	\$ 27.00	\$ 27.00	6 Ride Book	
<b>Personal Care Services, Outside Denver County</b>									
Personal Care	T1019	U1	SC			\$ 7.02	\$ 7.07	15 Minutes	Please see endnote
Relative Personal Care	T1019	U1	SC	HR		\$ 6.60	\$ 7.07	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Personal Care Services, Denver County</b>									
Personal Care	T1019	U1	SC	HX		\$ 7.61	\$ 7.38	15 Minutes	Please see endnote
Relative Personal Care	T1019	U1	SC	HR	HX	\$ 7.22	\$ 7.38	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase Please see endnote





# Home and Community Based Services:

## Complementary and Integrative Health (CIH) Waiver

Rates Effective July 1, 2025-June 30, 2026

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Department of Health Care  
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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Remote Supports Technology</b>									
Remote Supports Service	0593T	U1	SC			\$ 2.51	\$ 2.55	15 Minutes	35,040 units (96 units per day for 365 days) <b>Please see endnote</b>
Remote Supports Technology	A9279	U1	SC			NR*	NR*	Month	1 unit = 1 month <b>Please see endnote</b>
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
Nursing Facility	H0045	U1	SC			\$ 194.06	\$ 197.16	Day	
<b>Respite Care, Outside Denver County</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1	SC			\$ 134.06	\$ 136.20	Day	
In-Home Respite	S5150	U1	SC			\$ 7.27	\$ 7.39	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
<b>Respite Care, Denver County</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1	SC	HX		\$ 141.78	\$ 144.05	Day	
In-Home Respite	S5150	U1	SC	HX		\$ 7.59	\$ 7.71	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
<b>Wellness Education Benefit</b>									
Wellness Education Benefit	98960	U1	SC			\$ 3.69	\$ 3.75	Month	12 Units Limit
<b>Community Transition Services</b>									
Coordinator	T2038	U1	SC			\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment <b>Please see endnote</b>
Home Delivered Meals	S5170	U1	SC			\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment <b>Please see endnote</b>





**Home and Community Based Services:**  
**Complementary and Integrative Health (CIH) Waiver**  
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Version: 1.1 Issue Date: 06/25/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	SC	TF		\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	SC	TG		\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	U1	SC			\$ 13.08	\$ 13.29	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	U1	SC			\$ 6.51	\$ 6.61	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U1	SC			\$ 2,000.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. <b>Please see endnote</b>

Legend	
<b>HB</b>	<b>To and From Adult Day</b> (HCPCS Defn: Adult Program, non-geriatric)
<b>HR</b>	<b>Relative providing care</b> (HCPCS Defn: Family/Couple with client present)
<b>KX</b>	<b>In Home Support Services</b> (HCPCS Defn: Requirements specified in the medical policy have been met)
<b>NR*</b>	<b>Negotiated Rate, will vary by client</b>
<b>PUC*</b>	<b>Reimbursement based on actual mileage at Public Utility Commission approved fare</b>
<b>SC</b>	<b>Complementary and Integrative Health</b> (HCPCS Defn: Medically Necessary Service or Supply)
<b>TF</b>	<b>Intermediate Level of care</b>
<b>TN</b>	<b>Outside Providers' customary service area</b>
<b>TT</b>	<b>Individualized service provided to more than one client in the same setting</b>
<b>U1</b>	<b>Elderly, Blind, and Disabled</b> (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)



Home and Community Based Services:  
**Complementary and Integrative Health (CIH) Waiver**  
 Rates Effective July 1, 2025-June 30, 2026



Version: 1.1 Issue Date: 06/25/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
<b>Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.</b>									
<a href="#">HCPF OM 25-026 Community First Choice (CFC)</a>									



Home and Community Based Services:  
FY 25-26 Rate Schedules  
Rates Effective July 1, 2025-June 30, 2026  
Version: 1.0 Issue Date: 05/30/2025

ADJUSTMENT TABLE		
Across the Board Increase Effective July 1, 2025		
Service Title	PERCENT CHANGE	MULTIPLIER
HCBS EBD	1.600%	1.01600
HCBS CMHS	1.600%	1.01600
HCBS BI	1.600%	1.01600
HCBS CIH	1.600%	1.01600
HCBS DD	1.600%	1.01600
HCBS SLS	1.600%	1.01600
HCBS/DDD/DHS CES	1.600%	1.01600
HCBS/DDD/DHS CLLI	1.600%	1.01600
HCBS/DDD/DHS CHCBS	1.600%	1.01600
HCBS/DDD/DHS CHRP	1.600%	1.01600